

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
**PU4727**First Named Inventor:  
**BUXTON**Complete if known:  
App No.:

Filing Date

Group Art Unit:

- ( ) Declaration submitted with initial filing or  
( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL METHODS OF TREATMENT**

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. \*10/629,177 or PCT InternationalApplication Number \_\_\_\_\_ filed 29 July 2003 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

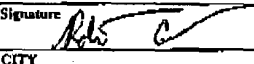
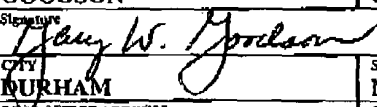
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> <small>Continued</small>				<small>ATTORNEY'S DOCKET NUMBER</small> <b>PU4727</b>
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>				
<small>U.S. Parent Application or PCT Parent Number</small>		<small>Parent Filing Date (MM/DD/YYYY)</small>	<b>STATUS (Check one)</b>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <b>PATENTED</b> <input type="checkbox"/> <b>PENDING</b> <input type="checkbox"/> <b>ABANDONED</b>	
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith            Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u>			Direct Telephone Calls to:  <b>Bonnie DEPPENBROCK</b> 919 483 1577	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2  0  1	<b>FULL NAME OF INVENTOR</b>	<b>FAMILY NAME</b> BUXTON	<b>FIRST GIVEN NAME</b> IAN	<b>SECOND GIVEN NAME/INITIAL</b> RICHARD
	<b>INVENTOR'S SIGNATURE</b>	<small>Signature</small>		<small>Date:</small>
	<b>RESIDENCE &amp; CITIZENSHIP</b>	<small>CITY</small> MISSISSAUGA	<small>STATE OR FOREIGN COUNTRY</small> ONTARIO, CA	<small>COUNTRY OF CITIZENSHIP</small> GB
	<b>POST OFFICE ADDRESS</b>	<small>POST OFFICE ADDRESS</small> GlaxoSmithKline Five Moore Drive, PO Box 13398	<small>CITY</small> Research Triangle Park	<small>STATE &amp; ZIP CODE/COUNTRY</small> North Carolina 27709, US
2  0  2	<b>FULL NAME OF INVENTOR</b>	<b>FAMILY NAME</b> CURRIE	<b>FIRST GIVEN NAME</b> Robin	<b>SECOND GIVEN NAME/INITIAL</b>
	<b>INVENTOR'S SIGNATURE</b>	<small>Signature</small> 		<small>Date:</small> 16-Dec-2003
	<b>RESIDENCE &amp; CITIZENSHIP</b>	<small>CITY</small> DURHAM	<small>STATE OR FOREIGN COUNTRY</small> NORTH CAROLINA, US	<small>COUNTRY OF CITIZENSHIP</small> US
	<b>POST OFFICE ADDRESS</b>	<small>POST OFFICE ADDRESS</small> GlaxoSmithKline Five Moore Drive, PO Box 13398	<small>CITY</small> Research Triangle Park	<small>STATE &amp; ZIP CODE/COUNTRY</small> North Carolina 27709, US
2  0  3	<b>FULL NAME OF INVENTOR</b>	<b>FAMILY NAME</b> DELA-CRUZ	<b>FIRST GIVEN NAME</b> MYRNA	<b>SECOND GIVEN NAME/INITIAL</b> A
	<b>INVENTOR'S SIGNATURE</b>	<small>Signature</small>		<small>Date:</small>
	<b>RESIDENCE &amp; CITIZENSHIP</b>	<small>CITY</small> MISSISSAUGA	<small>STATE OR FOREIGN COUNTRY</small> ONTARIO, CA	<small>COUNTRY OF CITIZENSHIP</small> CA
	<b>POST OFFICE ADDRESS</b>	<small>POST OFFICE ADDRESS</small> GlaxoSmithKline Five Moore Drive, PO Box 13398	<small>CITY</small> Research Triangle Park	<small>STATE &amp; ZIP CODE/COUNTRY</small> North Carolina 27709, US
2  0  4	<b>FULL NAME OF INVENTOR</b>	<b>FAMILY NAME</b> GOODSON	<b>FIRST GIVEN NAME</b> GARY	<b>SECOND GIVEN NAME/INITIAL</b> WAYNE
	<b>INVENTOR'S SIGNATURE</b>	<small>Signature</small> 		<small>Date:</small> 15-DEC-2003
	<b>RESIDENCE &amp; CITIZENSHIP</b>	<small>CITY</small> DURHAM	<small>STATE OR FOREIGN COUNTRY</small> NORTH CAROLINA, US	<small>COUNTRY OF CITIZENSHIP</small> US
	<b>POST OFFICE ADDRESS</b>	<small>POST OFFICE ADDRESS</small> GlaxoSmithKline Five Moore Drive, PO Box 13398	<small>CITY</small> Research Triangle Park	<small>STATE &amp; ZIP CODE/COUNTRY</small> North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	Date:
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	Date:
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	Date: 1/3/04
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		HARLOW	ESSEX, GB	AU
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME <b>VIJAY-KUMAR</b>	FIRST GIVEN NAME <b>AKUNURI</b>	SECOND GIVEN NAME/INITIAL <b>VENKATA</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>MISSISSAUGA</b>	STATE OR FOREIGN COUNTRY <b>ONTARIO, CA</b>	COUNTRY OF CITIZENSHIP <b>IN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
4				

<b>COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b>	<b>ATTORNEY'S DOCKET</b> <b>PU4727</b> <hr/> <b>First Named Inventor:</b> <b>BUXTON</b> <hr/> <i>Complete if known:</i> <b>App No.:</b> <hr/> <b>Filing Date</b> <hr/> <b>Group Art Unit:</b> <hr/>																																				
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<p style="text-align: center;">As below named inventor. I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;"><b>NOVEL METHODS OF TREATMENT</b></p> <p>the specification of which (check only one item below):</p> <p>[ ] is attached hereto.</p> <p style="text-align: center;">OR</p> <p>[ x ] was filed on as United States application Serial No. <u>*10/629,177</u> or PCT International</p> <p>Application Number _____ filed <u>29 July 2003</u> and was amended on (MM/DD/YYYY) _____ (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Prior Foreign Application Number (s)</th> <th style="width: 20%;">Country</th> <th style="width: 30%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 20%;">PRIORITY CLAIMED</th> </tr> <tr> <td>1. 0217493.6</td> <td style="text-align: center;">GB</td> <td style="text-align: center;">29 July 2002</td> <td style="text-align: center;">X</td> </tr> <tr> <td>2. 0217492.8</td> <td style="text-align: center;">GB</td> <td style="text-align: center;">29 July 2002</td> <td style="text-align: center;">X</td> </tr> <tr> <td>3. 0313801.3</td> <td style="text-align: center;">GB</td> <td style="text-align: center;">13 June 2003</td> <td style="text-align: center;">X</td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> </tr> </table> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">Application No.</th> <th style="width: 40%;">Filing Date (MM/DD/YYYY)</th> <th style="width: 20%;"></th> </tr> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </table>		Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED	1. 0217493.6	GB	29 July 2002	X	2. 0217492.8	GB	29 July 2002	X	3. 0313801.3	GB	13 June 2003	X	4.				5.				Application No.	Filing Date (MM/DD/YYYY)		1.			2.			3.		
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<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PU4727</b>
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u>			Direct Telephone Calls to:  <b>Bonnie DEPPENBROCK</b> <b>919 483 1577</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2  0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>BUXTON</b>	FIRST GIVEN NAME <b>IAN</b>	SECOND GIVEN NAME/INITIAL <b>RICHARD</b>
	INVENTOR'S SIGNATURE	Signature <i>San H Buxton</i>		Date: <i>12 December 2003</i>
	RESIDENCE & CITIZENSHIP	CITY <b>HALTON HILLS</b>	STATE OR FOREIGN COUNTRY <b>ONTARIO, CA</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline 7333 Mississauga Road North</b>	CITY <b>Mississauga</b>	STATE & ZIP CODE/COUNTRY <b>Ontario L5N 6L4, CA</b>
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>CURRIE</b>	FIRST GIVEN NAME <b>Robin</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>DURHAM</b>	STATE OR FOREIGN COUNTRY <b>NORTH CAROLINA, US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>DELA-CRUZ</b>	FIRST GIVEN NAME <b>MYRNA</b>	SECOND GIVEN NAME/INITIAL <b>A</b>
	INVENTOR'S SIGNATURE	Signature <i>Myrna Dela-Cruz</i>		Date: <i>11 December 2003</i>
	RESIDENCE & CITIZENSHIP	CITY <b>BRAMPTON</b>	STATE OR FOREIGN COUNTRY <b>ONTARIO, CA</b>	COUNTRY OF CITIZENSHIP <b>CA</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline 7333 Mississauga Road North</b>	CITY <b>Mississauga</b>	STATE & ZIP CODE/COUNTRY <b>Ontario L5N 6L4, CA</b>
2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>GOODSON</b>	FIRST GIVEN NAME <b>GARY</b>	SECOND GIVEN NAME/INITIAL <b>WAYNE</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>DURHAM</b>	STATE OR FOREIGN COUNTRY <b>NORTH CAROLINA, US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	
4	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	DATE: Jan 19/2004
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	COUNTRY OF CITIZENSHIP CA STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	
4	RESIDENCE & CITIZENSHIP	CITY NORTH YORK	STATE OR FOREIGN COUNTRY ONTARIO, CA	DATE: 6th Jan. 2004
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	COUNTRY OF CITIZENSHIP CA STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	IVER	VIJAY	
4	RESIDENCE & CITIZENSHIP	CITY TORONTO	STATE OR FOREIGN COUNTRY ONTARIO, CA	DATE: 06 Jan 2004
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	COUNTRY OF CITIZENSHIP CA STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	DATE:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	PARR	ALAN	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	DATE:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	
4	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	DATE:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP AU STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	STAGNER	ROBERT	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	DATE:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>VIJAY-KUMAR</b>	FIRST GIVEN NAME <b>AKUNURI</b>	SECOND GIVEN NAME/INITIAL <b>VENKATA</b>
	INVENTOR'S SIGNATURE	Signature <i>Ayyl</i>		Date: <i>11 Dec. 2003</i>
	RESIDENCE & CITIZENSHIP	CITY <b>BRAMPTON</b>	STATE OR FOREIGN COUNTRY <b>ONTARIO, CA</b>	COUNTRY OF CITIZENSHIP <b>IN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline 7333 Mississauga Road North</b>	CITY <b>Mississauga</b>	STATE & ZIP CODE/COUNTRY <b>Ontario L5N 6L4, CA</b>



**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
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**PU4727**First Named Inventor:  
**BUXTON**Complete if known:  
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Filing Date

Group Art Unit:

- ( ) Declaration submitted with initial filing or  
( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL METHODS OF TREATMENT**

the specification of which (check only one item below):

[ ] is attached hereto.  
OR

[ x ] was filed on as United States application Serial No. \*10/629,177 or PCT International

Application Number \_\_\_\_\_ filed 29 July 2003 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

 ATTORNEY'S DOCKET NUMBER  
**PU4727**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States or listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.5 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute and to transact all business in the Patent and Trademark Office connected therewith  
 Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

**Bonnie DEPPENROCK**  
 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	IAN	RICHARD
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	Robin	
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	INVENTOR'S SIGNATURE	Signature	MYRNA	A
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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